| PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 8, 2004   |  |   |   |                                   |                  |                                      |            |            | Application or Docket Number |            |                     |                        |
|---|--|---|---|-----------------------------------|------------------|--------------------------------------|------------|------------|------------------------------|------------|---------------------|------------------------|
|   |  | CLAIMS .                                  | AS FILED -  |                                   |                  |                                      |            | SMALL EN   | TITY                         | OR         | OTHER<br>SMALL      |                        |
| U.S   | S. NATIONAL                                    | STAGE FEES                                |   |                                   |                  |                                      | 7          | RATE       | FEE                          | 1          | RATE                | FEE                    |
| BÁ  | SIC FEE  | SMALL ENT. = \$ 150                       |   | LAR                               | GE ENT. = \$ 300 | 1                                    | BASIC FEE  |            | OR                           | BASIC FEE  | 300                 |                        |
| EXAMINATION FEE   |  |   | Satisfies PCT Article 33(1)-<br>(4) = \$50/\$100                        |                                   |                  | ther situations = 100 / \$ 200       |            | EXAM. FEE  |                              |            | EXAM. FEE           | 200                    |
| SEARCH FEE  |  |   | U.S. is ISA = \$50 / \$ 100<br>ALL other countries =<br>\$ 200 / \$ 400 |                                   |                  | ther situations =<br>\$ 250 / \$ 500 |            | SEARCH FEE |                              |            | SEARCH FEE          | 400                    |
| FEI   | FOR EXTRA                                      | minus 100 =                               |   | ,_,                               | / 50 =           |                                      | X \$ 125 = |            |                              | X \$ 250 = |                     |                        |
| TOTAL CHARGEABLE CLAIMS   |  |   | 17 mi   | nus 20 =                          | •                |                                      |            | X \$ 25 =  |                              | OR         | X \$ 50 =           |                        |
| INDEPENDENT CLAIMS  |  |   | minus 3 =   |                                   | *                |                                      |            | X \$ 100 = |                              | OR         | X \$ 200 =          |                        |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM PR                             | ESENT   |                                   |                  |                                      |            | + \$ 180 = |                              | OR         | + \$ 360 =          |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |   |                                   |                  |                                      |            | TOTAL      |                              | OR         | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)  |  |   |   |                                   |                  |                                      |            |            | NTITY                        | OR         | OTHER<br>SMALL E    |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHE<br>NUME<br>PREVIO<br>PAID F | ER<br>USLY       | PRESENT<br>EXTRA                     |            | RATE       | ADDI-<br>TIONAL<br>FEE       |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •   | Minus   | **                                |                  | =                                    | -          | X \$ 25 =  | •                            | OR         | X \$ 50 =           |                        |
|   | Independent                                    | •   | Minus   | ***                               |                  | =                                    |            | X \$ 100 = |                              | OR         | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                                   |                  |                                      |            | + \$ 180 = |                              | OR         | + \$ 360 =          |                        |
| TOTAL ADDIT. FEE OR TOTAL ADDIT. FEE FEE  |  |   |   |                                   |                  |                                      |            |            |                              |            |                     |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |   |                                   |                  |                                      |            |            |                              |            |                     |                        |
| 8   |  | CLAIMS REMAINING AFTER AMENDMENT          |   | HIGHE<br>NUMB<br>PREVIO           | ST<br>ER<br>USLY | PRESENT<br>EXTRA                     |            | RATE       | ADDI-<br>TIONAL<br>FEE       |            | RATE                | ADDI-<br>TIONAL<br>FEE |
| DME   | Total  | •   | Minus   | **                                |                  | =                                    |            | X \$ 25 =  |                              | OR         | X \$ 50 =           |                        |
| AMENDMENT   | Independent                                    | •   | Minus   | ***                               |                  | z·                                   |            | X \$ 100 = |                              | OR         | X \$ 200 =          |                        |
| ,   | FIRST PRESENTATION OF MULTIPLE DEPENDENT C     |   |   | LAIM                              |                  |                                      | + \$ 180 = |            | OR                           | + \$ 360 = |                     |                        |
|   |  |   |   |                                   |                  |                                      |            |            |                              | OR         | TOTAL ADDIT.<br>FEE |                        |
| " If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |   |                                   |                  |                                      |            |            |                              |            |                     |                        |

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